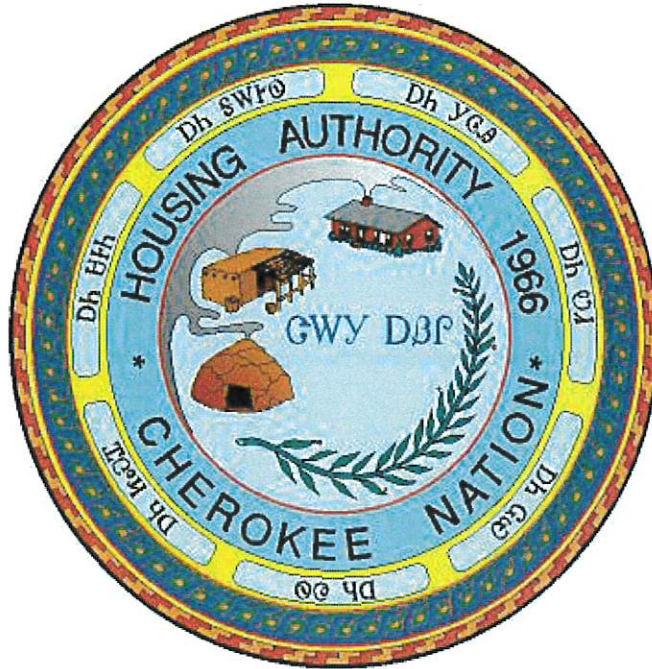


REQUEST FOR PROPOSALS

PROFESSIONAL AUCTIONEER SERVICES



Housing Authority of the Cherokee Nation
P.O. Box 1007
Tahlequah, OK 74465-1007
(918) 456-5482

www.cherokeebids.org

PROPOSALS DUE: March 28, 2024, at 10:00 A.M.

Request for Proposals

The Housing Authority of the Cherokee Nation is seeking professional auctioneer services for various surplus items, including vehicles, hand tools, equipment, mowers, and other items. Auctioneer must be licensed in the State of Oklahoma and be in good standing. Auctioneer and his staff must be on site for the duration of the auction. The auction will to be conducted at an HACN office located at 5014 Muskogee Avenue, Tahlequah OK.

Auction to be scheduled with selected auctioneer service and HACN staff but should be conducted between May 1st and May 15th, 2024.

The selected auction service will be responsible for set up, advertising, all items necessary to conduct the auction (receipts, sales log, sound system and other items). Further, the service must provide an onsite notary to process titles and other legal documents. Must supply HACN with all completed transactions upon completion. All sales will be final, no warranties, no reserve on the items listed in the surplus. A list of surplus items will be furnished upon request, or you may schedule an appointment to view the surplus items and site. Please contact Delana Kimble (delana.kimble@hacn.org) or 1-539-635-0352 to schedule a date and time.

Responsive auctioneer services should include the following information for consideration:

- Offerors' Proposal (Original and 2 copies)
- Name of Business
- Contact Information including mailing address, phone, and email address.
- Auctioneer
- Fee Schedule including percentage of sales and/or fixed fees.

TERO certification, if applicable**Preference will be provided to TERO certified vendors according to Cherokee Nation TERO law.

Interested professionals may submit (Original and two copies) of their proposals by mail to the HACN Contracts Office, PO Box 1007, Tahlequah, OK 74465 (Attn: Baylee Scott) clearly marked "Proposal for Professional Auctioneer Services". Proposals may also be delivered via email to baylee.scott@hacn.org with the subject line titled "Proposal for Home Inspection Services. Contracts/Procurement Office located at 5006 S. Muskogee Ave. Tahlequah, Oklahoma 74465

The deadline for submission is no later than 10:00 a.m. on Tuesday, March 28, 2024.

Cherokee (Tribal) and/or Indian preference will be given only to contractors who provide proof of current certification from the Cherokee Nation Tribal Employment Rights Office (TERO) located in Tahlequah, OK. Proof of TERO certification must accompany and be included in the proposal. If no TERO vendor is available, Indian

preference will be given in accordance with Section 7(b) of the Indian Self-Determination and Education Assistance Act, which requires in part that to the greatest extent feasible, preference in the award of contracts and sub-contracts shall be given to Indian Organizations and Indian Owned Economic Enterprises. Respondents are not required to be on the TERO list to bid.

The HACN reserves the right to accept or reject any or all proposals received, to negotiate with all qualified sources providing proposals in the competitive range, or to cancel in part or in its entirety this Request for Proposals (RFP) if, for any reason, it is in the best interest of the HACN to do so.

Any questions pertaining to this RFP should be directed to Baylee Scott or emailed to Baylee.scott@hacn.org

Section 2: Evaluation Factors

- 1) Offeror's years of experience in related work and what will be self performed** – provide the number of years the company has provided related professional services and what will be self-performed. (Maximum 50 points)
- 2) References** – include references from at least three (3) previous clients. (Maximum 15 points)
- 3) Indian preference** – include TERO certification and 1) proof of Cherokee Tribal Membership, or 2) proof of membership with another tribe. (20 points Cherokee, 15 points another tribe.)
- 4) Pricing/Fee Schedule** – Include pricing for percentage of sale and/or fixed fees. (Maximum 15 points)

Section 3: Award

All responsive proposals will be evaluated as outlined in this solicitation packet and will be based upon the ranking criteria and final negotiation (if any), the HACN will select the offeror whose proposal, with price and other factors considered, is most advantageous to the HACN.

Section 4: Insurance Requirements: (For Successful Offeror Only)

Before performing contractual services on the behalf of the HACN, compliance with the following insurance requirements must be verified. Provide an original Certificate of Insurance naming the Housing Authority of the Cherokee Nation as a certificate holder.

Certificate should read:
Housing Authority of the Cherokee Nation
Attn. Contracts Dept.
P.O. Box 1007
Tahlequah, Oklahoma 74465

The certificate should contain the following information:

1. Type of Insurance
2. Policy number
3. Effective date
4. Expiration date
5. Limits of Liability (this amount is usually stated in thousands)
6. Ten-day cancellation clause

Required Coverage:

- a. Worker's Compensation and Employer's Liability:

Limits of Liability:

Bodily Injury by Accident: \$500,000 each accident

Bodily Injury by Disease: \$500,000 policy limit

Bodily Injury by Disease: \$500,000 each employee

Oklahoma Statute requires Worker's Compensation coverage for anyone with one (1) or more employees *** Exclusion Forms will not be accepted** unless approved by Contracts Manager.

- b. General Liability:

Coverage:

Comprehensive (including products/completed operations)

Limits of Liability:

Bodily Injury and Property Damage Combined: \$1,000,000

(Each Occurrence)

- c. Automobile Coverage:

Vehicles Covered:

All Autos

Bodily Injury and Property Damage Combined: \$300,000

Hired Autos

Non-Owned Autos

Limits of Liability:

Note: The Vendor shall either: (1) require each of his subcontractors to procure and to maintain during the life of his subcontract, Subcontractor's Public Liability and Property Damage or the type and in the same amounts as specified above, or (2) insure the activities of the subcontractors in his own policy.

Section 5: Evaluation Factors

1) Offeror's years of experience in related work	Provide the number of years the company has provided related professional services. And what will be self-performed.	(Maximum 50 points)
2) References	Include references from at least three (3) previous clients.	(Maximum 15 points)
3) Indian preference	Include TERO certification and 1) proof of Cherokee Tribal Membership, or 2) proof of membership with another tribe. (20 points Cherokee, 15 points another tribe.)	(Maximum 20 points)
4) Pricing	Vendor should include pricing for percentage of sale and/or fixed fees. (Maximum 15 points)	(Maximum 15 points)

PREPARATION OUTLINE

The following information must be submitted and signed as indicated with bid. All information must be submitted for any bid to be considered responsive and responsible.

- Offerors' Proposal (Original and 2 copies)
- Name of Business
- Contact Information including mailing address, phone, and email address.
- Auctioneer
- Fee Schedule including percentage of sales and/or fixed fees.
- Drug Free Workplace Statement or Agreement to follow HACN Drug Free Workplace statement (Copy of contractors or signed statement to agree to HACN) must be included in bid.
- TERO certification, if applicable**Preference will be provided to TERO certified vendors according to Cherokee Nation TERO law.

Documents the Successful offeror will be required to complete and submit:

- HACN Work History Form & HUD 2530 Previous Participation (Form Provided)
- Non-Collusive Affidavit (Form Provided)
- W-9 Form (Provided by HACN)
- New Vendor Registration Form (Provided by HACN)

SPECIAL INSTRUCTIONS

**** Be advised that all responsive proposals will be evaluated as outlined in this solicitation packet.**

Authorized Signature

Title

Company Name

Date

NON-COLLUSIVE AFFIDAVIT

State of _____

County of _____

_____ being first duly sworn, deposed and says

that he/she is a partner or officer of the firm of _____, the party making and foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion or communication or conference, with any person to fix the bid price of affiant or any other bidder, or to fix overhead, profit or cost element of said bid price, or that of any other bidder, or to secure any advantage against the Housing Authority of the Cherokee Nation, or any person interested in the proposed contract; and, that all statements in said proposal or bid are true.

Signed: _____

(Bidder, if the bid is an individual;
Partner, if the bid is a partnership;
Officer, if the bid is a corporation)

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires _____, 20____.

Notary Public Signature

Commission Number

Drug Free and Tobacco Free Workplace:

- a) Any contractor performing work for the HACN agrees to publish a statement notifying all employees, subcontractors and other workers that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against violators of such prohibition.
- b) The HACN will consider lack of enforcement or lax enforcement of the statement by the Contractor a default of the contract.
- c) The Contractor further agrees to provide all persons engaged in performance of the contract with a copy of the statement.
- d) A copy of the Contractor's Drug Free Workplace Statement shall be included with any bid submitted or the Contractor will be deemed to accept and agree to use the statement provided by the HACN.
- e) The Contractor understands and recognizes that all HACN buildings, whether leased or owned, and the grounds surrounding those facilities are considered by the HACN to be a tobacco free workplace. The Contractor will ensure all employees, subcontractors and other workers abide by this policy.

Please mark one and sign:

I have my own (Contractor's) Drug/Tobacco Free Policy/Statement _____

(Attach your policy/statement and sign and date bottom)

I agree to the HACN's Drug/Tobacco Free Policy/Statement: _____

Signature _____ Date _____

Housing Authority of the Cherokee Nation

PREVIOUS WORK HISTORY FORM

NOTE: This form is a required submission from each bidder/offeror and is used as documentation to determine responsible bidders/offerors. In the spaces below complete all information requested, providing all telephone numbers and any available facsimile numbers for all employers, companies and vendors listed. In the disclosure space enter any defaults, assignments or foreclosures.

Employer/Company name, address, phone & fax	Contract Amount	Amt & Size of Units	Describe type of work performed/completed - provide begin & complete dates	Disclosures	Contractor's Current & previous vendors - give address & phone/fax
Please attach additional sheets as required to sufficiently provide a minimum of <u>3</u> years work history					

US Department of Housing and Urban Development
Office of Housing/Federal Housing Commissioner

US Department of Agriculture
Farmers Home Administration

Part I to be completed by Controlling Participant(s) of Covered Projects

(See instructions)

For HUD HQ/FmHA use only

Reason for submission:		2. Project Name, Project Number, City and Zip Code	
1. Agency name and City where the application is filed		5. Section of Act	
3. Loan or Contract amount \$	4. Number of Units or Beds	6. Type of Project (check one) <input type="checkbox"/> Existing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Proposed (New)	

7. List all proposed Controlling Participants and attach complete organization chart for all organizations showing ownership chart for all organizations showing ownership

Name and address (Last, First, Middle Initial) of controlling participant(s) proposing to participate	8 Role of Each Principal in Project	9. SSN or IRS Employer Number (TIN)

1. Schedule A contains a listing, for the last ten years, of every project assisted or insured by HUD, USDA FmHA and/or State and local government housing finance agencies in which the controlling participant(s) have participated or are now participating.
2. For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:
 - a. No mortgage on a project listed has ever been in default, assigned to the Government or foreclosed, nor has it received mortgage relief from the mortgagee;
 - b. The controlling participants have no defaults or noncompliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;
 - c. There are no known unresolved findings as a result of HUD audits, management reviews or other Governmental investigations concerning the controlling participants or their projects;
 - d. There has not been a suspension or termination of payments under any HUD assistance contract due to the controlling participant's fault or negligence;
 - e. The controlling participants have not been convicted of a felony and are not presently the subject of a complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
 - f. The controlling participants have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency;
 - g. The controlling participants have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond;
 - h. All the names of the controlling participants who propose to participate in this project are listed above.
3. All the names of the controlling participants who propose to participate in this project are listed above.
4. None of the controlling participants is a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of Conduct in 7 C.F.R. Part 0 Subpart B.
5. None of the controlling participants is a participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification, have not been filed with HUD or FmHA.
6. None of the controlling participants have been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105(a). (If any controlling participants have been found to be in noncompliance with any requirements, attach a signed statement explaining the relevant facts, circumstances, and resolution, if any).
7. None of the controlling participants is a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
8. Statements above (if any) to which the controlling participant(s) cannot certify have been deleted by striking through the words with a pen, and the controlling participant(s) have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances.
9. I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).

Name of Controlling Participant	Signature of Controlling Participant	Certification Date (mm/dd/yyyy)	Area Code and Tel. No.
This form prepared by (print name)		Area Code and Tel. No.	

Schedule A: List of Previous Projects and Section 8 Contracts. Below is a complete list of the controlling participants' previous participation projects and participation history in covered projects as per 24 CFR, part 200 §200.214 and multifamily Housing programs of FmHA, State and local Housing Finance Agencies, if applicable. **Note:** Read and follow the instruction sheet carefully. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If no previous projects, write by your name, "No previous participation, first experience".

1. Controlling Participants' Name (Last, First)	2. List of previous projects (Project name, project ID and, Govt. agency involved)	3. List Participants' Role(s) (Indicate dates participated, and if fee or identity of interest participant)	4. Status of loan (current, defaulted, assigned, foreclosed)	5. Was the Project ever in default during your participation Yes No If yes, explain	6. Last MOR rating and Physical Insp. Score and date

Part II - For HUD Internal Processing Only

Received and checked by me for accuracy and completeness; recommend approval or refer to Headquarters after checking appropriate box.

Date (mm/dd/yyyy)	Tel No. and area code	<input type="checkbox"/> A. No adverse information; form HUD-2530 approval recommended. <input type="checkbox"/> B. Name match in system <input type="checkbox"/> C. Disclosure or Certification problem <input type="checkbox"/> D. Other (attach memorandum)
Staff	Processing and Control	<input type="checkbox"/> Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of authorized reviewer		Signature of authorized reviewer Date (mm/dd/yyyy)

Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of the regulations published at 24 C.F.R. part 200, subpart H, § 200.210-200.222 can be obtained on-line at www.gpo.gov and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Incomplete form will be returned to the applicant.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. **Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Account Executive.

Purpose: This form provides HUD/USDA FmHA with a certified report of all previous participation in relevant HUD/USDA programs by those parties submitting the application. The information requested in this form is used by HUD/USDA to determine if you meet the standards established to ensure that all controlling participants in HUD/USDA projects will honor their legal, financial and contractual obligations and are of acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify and submit your record of previous participation, in relevant projects, by completing and signing this form, before your participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

Who Must Sign and File Form HUD-2530: Form HUD-2530 must be completed and signed by all Controlling Participants of Covered Projects, as such terms are defined in 24 CFR part 200 §200.212, and as further clarified by the Processing Guide (HUD notice H 2016-15) referenced in 24 CFR §200.210(b) and available on the HUD website at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfl/prevparticipation.

Where and When Form HUD-2530 Must Be Filed: The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects listed in 24 CFR §200.214 and for the Triggering Events listed at 24 CFR §200.218.

Review of Adverse Determination: If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration in accordance with 24 CFR §200.222 and further clarified by the Processing Guide. Request must be made in writing within 30 days from your receipt of the notice of determination.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law 42 U.S.C. 3535(d) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved controlling participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a controlling participant may not participate in a proposed or existing multifamily or healthcare project. HUD uses this information to evaluate whether or not controlling participants pose an unsatisfactory underwriting risk. The information is used to evaluate the potential controlling participants and approve only individuals and organizations that will honor their legal, financial and contractual obligations.

Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN. Failure to provide any of the information will result in your disapproval of participation in this HUD program. APPS SORN could be accessed in Federal Register / Vol. 81, No. 146 / Friday, July 29, 2016 / Notices [Docket No. FR-5921-N-10] Implementation of the Privacy Act of 1974, as Amended; Amended System of Records Notice, Active Partners Performance System).

PRA Statement: The public reporting burden is estimated at 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, US Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0118. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The collection is authorized by 12 U.S.C. 1702-1715z; 42 U.S.C. 3535(d). HUD form 2530 is created to collect information as mandated by 24 CFR Part 200. The HUD-2530 form is used to protect HUD's Multifamily Housing and Healthcare programs by comprehensively assessing industry participants' risk. It is the Department's policy that participants in its housing programs honor their legal, financial, and contractual obligations. Accordingly, uniform standards are established for approvals, disapprovals, or withholding actions on principals in projects, based upon their past performances as well as other relevant information. Respondents such as owners, management agents, master tenants, general contractors, and nursing home operators are subject to review. The information on this form needs to be collected by the Department to evaluate participants' previous performance and compliance with contracts, regulations, and directives.